

Guideline for Submitting Exemption, Alternate Material and Method, or Rule Interpretation Requests

When such requests are analyzed, specific questions need to be answered by both the facility and the Department. Whereas, granting an exemption or alternate material and/or method cannot:

1. Negate the purpose or intent of the rule.
2. Place the safety or health of the patients/residents in the facility in jeopardy
3. Lessen any fire, life safety, or infection control provision of any other codes, regulations, or standards.

The following outline will help assure a quicker and equitable outcome of your request.

- A. **Provide an opening statement that describes the project to which this request is attached.**
Include the CRS project number (assigned by CRS when the project is submitted) and project title as shown on the review application.
- B. **Request:** Cite the rule or regulation for which the exemption, alternate material and/or method, or interpretation is being requested (include a copy of the rule).
- C. **Intent and history of the rule:** Cite the intent of the rule and any history behind this rule.
- D. **Facility's statement/request and thesis:** The facility will need to justify why their request meets the needs of the patient or resident and how granting the request will not lessen or negate items 1, 2, and 3, as stated above. Provide technical or research data that supports your thesis along with the information outlined in Item E below.
- E. Provide supporting data and analysis of request by:
 1. Locate room(s) or area on the floor plan. List rooms by name/number and function.
 2. Describe the function of the room(s) or area and its use for patient care.
 3. Provide information on the procedures performed in the room(s) or area.
 4. What kind of decision is requested: Exemption, alternative material and/or method, or rule interpretation?
 5. Why is it being requested?
 6. What are the facts surrounding this request?
 7. Do the facts support the request?
 8. Discuss the request and its affects on patient/resident care, infection control, and fire & life safety.
 9. Does the request meet the intent of the rule?
 10. Are there any assumptions in this request not easily supported by science?
 11. What are the pros and cons for granting or denying the request?
 12. Include research papers, opinion papers, news articles, professional text citations, emails, similar rules from other states or associations, drawings, photos, internet search documents, information on diseases and treatments and procedures, dictionary definitions, etc. Attach, with locator tab(s), to appropriate statements in the thesis.

All request letters must be on facility letterhead and signed by the facility administrator.

Those facilities requesting exemptions need to address their requests, with attached supporting data, to the following departments:

Department of Health Licensed facilities:

Gary Bennett, Director
Facilities and Services Licensing
P.O. Box 47852
Olympia, WA 98504-7852

*Department of Social and Health Services licensed facilities:

Patricia Lashway, Director
Aging and Adult Services
P.O. Box 45600
Olympia, WA 98504-5600

* Be sure to send a copy of your request to Construction Review Services.

Construction Review Services

P.O. Box 47852
Olympia, WA
98504-7852

tel: 360-236-2944
fax: 360-236-2901
email: fslcrs@doh.wa.gov

www.doh.wa.gov/crs

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Subject to change without notice.

*Last Revised: 08/18/03
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